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<div style="text-align: center;"><small>0010/PTO Rev. 6/95</small></div> <div style="text-align: center;"><small>U.S. Department of Commerce Patent and Trademark Office</small></div> <div style="text-align: center; margin-top: 20px;">DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</div> <div style="margin-top: 20px;"><input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing</div>	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 35%;">Attorney Docket Number</td><td>C 2774 PCT/US</td></tr><tr><td>First Named Inventor</td><td>BIEHL, Petra</td></tr><tr><td colspan="2" style="text-align: center;">COMPLETE IF KNOWN</td></tr><tr><td>Application Number</td><td>10/556,233</td></tr><tr><td>Filing Date</td><td></td></tr><tr><td>Group Art Unit</td><td>1621</td></tr><tr><td>Examiner Name</td><td></td></tr></table>	Attorney Docket Number	C 2774 PCT/US	First Named Inventor	BIEHL, Petra	COMPLETE IF KNOWN		Application Number	10/556,233	Filing Date		Group Art Unit	1621	Examiner Name	
Attorney Docket Number	C 2774 PCT/US														
First Named Inventor	BIEHL, Petra														
COMPLETE IF KNOWN															
Application Number	10/556,233														
Filing Date															
Group Art Unit	1621														
Examiner Name															

As a below named inventor, I hereby declare that:
My residence, post office address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR PRODUCING A BENZOATE

(Title of the Invention)

the specification of which
☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) 04/30/2004 as United States Application Number or PCT International Application Number PCT/EP2004/004589 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
103 21 107.1	Germany	05/09/2003	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">X</div>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Type a plus sign (+) inside this box → ☐

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DECLARATION**Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP2004/004589	04/30/2004	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input checked="" type="checkbox"/> Firm Name	23657	Customer Number	or label	
OR				

☐ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number


☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number **23657** or label ☐ Fill in correspondence address below

Name					
Address					
Address					
City		State		Zip	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name	Petra	Middle Initial		Family Name	BIEHL	Suffix e.g. Jr.	
Inventor's Signature					Date	25.01.06	
Residence: City	Neuss	State		Country	Germany	Citizenship	German
Post Office Address	Deutzer Strasse 41						
Post Office Address							
City	41468 Neuss	State		Zip		Country	Germany
Applicant Authority							

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

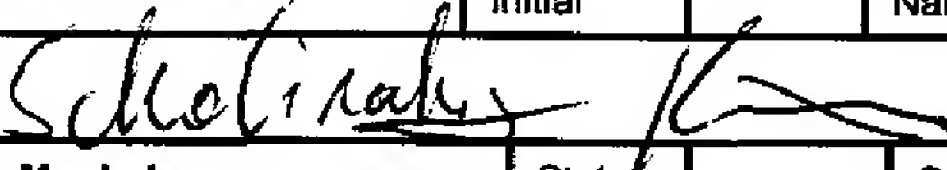
Type a plus sign (+) inside this box → ☐

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DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Andreas	Middle Initial		Family Name	SUESSENBACH	Suffix e.g. Jr.			
Inventor's Signature	<i>A. Suessebach</i>				Date	24.10.05			
Residence: City	Solingen	State		Country	Germany	Citizenship	German		
Post Office Address	Steigerhaeuschen 18								
Post Office Address									
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Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Albrecht	Middle Initial		Family Name	SCHWERIN	Suffix e.g. Jr.			
Inventor's Signature	<i>Albrecht Schwerin</i>				Date	28.10.2005			
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Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Georg	Middle Initial		Family Name	FIEG	Suffix e.g. Jr.			
Inventor's Signature					Date	17.1.06 G. Fieg			
Residence: City	Hamburg	State		Country	Germany	Citizenship	German		
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Post Office Address									
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Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Heinz-Josef	Middle Initial		Family Name	KRUEPPEL	Suffix e.g. Jr.			
Inventor's Signature	<i>H.J. Krueppel</i>				Date	3.11.2005			
Residence: City	Grevenbroich	State		Country	Germany	Citizenship	German		
Post Office Address	Am Limpertzhof 6								
City	41515 Grevenbroich	State		Zip		Country	Germany	Applicant Authority	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									

Type a plus sign (+) inside this box ☐

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet											
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name		Konstantinos			Middle Initial				Family Name		SCHOLINAKIS			Suffix e.g. Jr.							
Inventor's Signature												Date		19.12.05							
Residence: City		Monheim			State				Country		Germany			Citizenship		Greek					
Post Office Address		Lelenstrasse 13																			
Post Office Address																					
City		40789 Monheim			State				Zip				Country		Germany			Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name					Middle Initial				Family Name					Suffix e.g. Jr.							
Inventor's Signature												Date									
Residence: City					State				Country					Citizenship							
Post Office Address																					
Post Office Address																					
City					State				Zip				Country					Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name					Middle Initial				Family Name					Suffix e.g. Jr.							
Inventor's Signature												Date									
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Post Office Address																					
Post Office Address																					
City					State				Zip				Country		Germany						
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																					